



ADVANCED PULMONARY DIAGNOSTICS

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August 8, 2006

Re: Matthew Ianniello

To Whom It May Concern:

Mr. Matthew Ianniello was initially seen in this office January 23, 1996. At this time, he complained of shortness of breath and had a long history of asthma dating back to approximately 1970. Pulmonary Function tests preformed in January of 1996 revealed severe obstructive airway disease. His forced expiratory volume was only 38% of predicted at that time. Mr. Ianniello complains of shortness of breath on minimal exertion. He has difficulty ambulating at times and he uses a cane. Cold Air exposure makes his breathing worse and causes him to wheeze and have shortness of breath. In the summer of 2000, the patient underwent coronary artery bypass grafting for his coronary artery disease and post-operatively, Mr. Ianniello had a cerebral vascular accident (stroke). In 2002, Mr. Ianniello was diagnosed with prostate cancer. In August 2003, Mr. Ianniello was admitted to Winthrop University Hospital for congested heart failure. In August of 2004, Mr. Ianniello sustained a deep venous thrombosis of his left leg and due to his multiple medical problems; a filter was placed in his inferior vena cava to prevent thrombosis (a clot) from traveling to his lungs. In April 2005, the patient had radioactive seed implants placed into his prostate for his previous diagnosis of prostate carcinoma. A CT of the thorax on July 21, 2005 revealed bilateral pleural plaques consistent with asbestosis.

The Patient was again seen in the office on July 24, 2006. At this time, Mr. Ianniello complains of shortness of breath with minimal exertion. He has no known drug allergies. Medications: Spiriva once daily via inhaler, Advair 500/50 one inhalation

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two times per day, Folic Acid 1mg daily, Lipitor 10mg daily, Plavix 27.5mg daily, Lasix 80mg daily, Singulair 10 mg and Neurontin 100mg two times daily.

Physical Examination: blood pressure 120/66, pulse 64, respiratory rate 16 and weight 209 pounds. HEENT: Within normal limits. Neck: supple, there is no jugular venous distention. Lungs: decreased breath sounds bilaterally. Heart: regular rhythm. There are no rubs, murmurs or gallops. Abdomen: obese, bowel sounds are present, soft, non-tender. Extremities: there is 2+ pitting edema of the lower extremities. There is no cyanosis or clubbing. Neurological: speech is slurred.

My impression is that Mr. Ianniello is an 86 year old white male with multiple medical problems including severe chronic obstructive pulmonary disease (emphysema), coronary artery disease, congestive heart failure, status-post cerebral vascular accident and prostate carcinoma. Due to his severe chronic obstructive pulmonary disease he becomes short of breath on minimal exertion (walking, bending over, showering, etc.)

If you need any further information, please do not hesitate to contact me.

Sincerely,



Fred Glasser, M.D., F.C.C.P.